

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10589411

FILING DATE

APPL(CANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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149							199						
150							200						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	80	←		←
TOTAL CLAIMS							TOTAL CLAIMS			90			